



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

Great Lakes Health Plan, Inc

NAIC Group Code07070707NAIC Company Code95467Employer's ID Number38-3204052
(Current)(Prior)

Organized under the Laws ofMichigan, State of Domicile or Port of EntryMichigan

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized01/11/1994Commenced Business10/11/1994

Statutory Home Office26957 Northwestern Highway, Suite 400Southfield , MI 48033
(Street and Number)(City or Town, State and Zip Code)

Main Administrative Office26957 Northwestern Highway, Suite 400Southfield , MI 48033248-559-5656
(Street and Number)(City or Town, State and Zip Code)(Area Code) (Telephone Number)

Mail Address26957 Northwestern Highway, Suite 400Southfield , MI 48033
(Street and Number or P.O. Box)(City or Town, State and Zip Code)

Primary Location of Books and Records26957 Northwestern Highway, Suite 400Southfield , MI 48033248-331-4269
(Street and Number)(City or Town, State and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.glhp.com

Statutory Statement ContactDavid K. Livingston248-331-4269
(Name)(Area Code) (Telephone Number)
dlivingston@glhp.com248-556-4640
(E-mail Address)(FAX Number)

OFFICERS

PresidentDavid K. Livingston #

TreasurerRobert W. Oberrender

SecretaryEric Wexler

OTHER

Dawn Koehler VP Government Affairs

Kara Jean Rios VP Finance

John William Kelly VP Tax Services

Lisa Ann Gray Chief Operating Officer

Rachel Godwin VP Health Services

David B. Siegel # Medical Director

DIRECTORS OR TRUSTEES

Rodney C Armstead M.D.

Chris A. Scherer

William E. Ralston

John J. Kaelin

Laura A. Spicer

State ofMichigan

County ofSS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

David K. LivingstonPresident

Eric WexlerSecretary

Robert W. OberrenderTreasurer

Subscribed and sworn to before me this

day of

a. Is this an original filing? Yes [X] No []

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	0	0	0	0	0	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
State of MI - Capitation premium revenue	5,210,340	400,000	250,000	733,415		6,593,755
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	5,210,340	400,000	250,000	733,415	0	6,593,755
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
State of MI - Maternity case rate	2,233,213	114,053		619,639		2,966,905
First Health - Drug carve out	1,179,518					1,179,518
Provider receivables	215,992	47,969	1,843	187,477	453,281	0
CMS receivable	81,059					81,059
0699998. Aggregate Other Receivables Not Individually Listed						
0699999. Total Other Receivables	3,709,782	162,022	1,843	807,116	453,281	4,227,482
.....						
.....						
.....						
.....						
0799999 Gross health care receivables	8,920,122	562,022	251,843	1,540,531	453,281	10,821,237

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

20

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0399999 Total gross amounts receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	171,243,119	30.8		0.0		171,243,119
2. Intermediaries	0	0.0		0.0		
3. All other providers	7,428,865	1.3		0.0		7,428,865
4. Total capitation payments	178,671,984	32.1	0	0.0	0	178,671,984
Other Payments:						
5. Fee-for-service	53,694,016	9.7	XXX	XXX		53,694,016
6. Contractual fee payments	324,004,805	58.2	XXX	XXX		324,004,805
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	377,698,821	67.9	XXX	XXX	0	377,698,821
13. TOTAL (Line 4 plus Line 12)	556,370,805	100%	XXX	XXX	0	556,370,805

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

Exhibit 8 - Furniture and Equipment Owned
N O N E



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Great Lakes Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Great Lakes Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0707	BUSINESS IN THE STATE OF		Michigan	DURING THE YEAR						2009	NAIC Company Code		95467
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:														
1. Prior Year		176,055	0	0	0	0	0	0	298	175,757	0			
2. First Quarter		181,667							357	181,310				
3. Second Quarter		189,926							397	189,529				
4. Third Quarter		196,935							578	196,357				
5. Current Year		208,474							893	207,581				
6. Current Year Member Months		2,294,672							5,927	2,288,745				
Total Member Ambulatory Encounters for Year:														
7. Physician		1,554,506							7,905	1,546,601				
8. Non-Physician		674,067							2,649	671,418				
9. Total		2,228,573	0	0	0	0	0	0	10,554	2,218,019	0			
10. Hospital Patient Days Incurred		88,835							1,105	87,730				
11. Number of Inpatient Admissions		20,550							182	20,368				
12. Health Premiums Written (b)		681,038,174							6,439,586	674,598,588				
13. Life Premiums Direct		0												
14. Property/Casualty Premiums Written		0												
15. Health Premiums Earned		681,038,174							6,439,586	674,598,588				
16. Property/Casualty Premiums Earned		0												
17. Amount Paid for Provision of Health Care Services		556,370,805							5,668,989	550,701,816				
18. Amount Incurred for Provision of Health Care Services		578,524,883							5,384,379	573,140,504				

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 6,439,586



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REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR							2009		NAIC Company Code	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:														
1. Prior Year	176,055	0	0	0	0	0	0	298	175,757	0				
2. First Quarter	181,667	0	0	0	0	0	0	357	181,310	0				
3. Second Quarter	189,926	0	0	0	0	0	0	397	189,529	0				
4. Third Quarter	196,935	0	0	0	0	0	0	578	196,357	0				
5. Current Year	208,474	0	0	0	0	0	0	893	207,581	0				
6. Current Year Member Months	2,294,672	0	0	0	0	0	0	5,927	2,288,745	0				
Total Member Ambulatory Encounters for Year:														
7. Physician	1,554,506	0	0	0	0	0	0	7,905	1,546,601	0				
8. Non-Physician	674,067	0	0	0	0	0	0	2,649	671,418	0				
9. Total	2,228,573	0	0	0	0	0	0	10,554	2,218,019	0				
10. Hospital Patient Days Incurred	88,835	0	0	0	0	0	0	1,105	87,730	0				
11. Number of Inpatient Admissions	20,550	0	0	0	0	0	0	182	20,368	0				
12. Health Premiums Written (b)	681,038,174	0	0	0	0	0	0	6,439,586	674,598,588	0				
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0				
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0				
15. Health Premiums Earned	681,038,174	0	0	0	0	0	0	6,439,586	674,598,588	0				
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0				
17. Amount Paid for Provision of Health Care Services	556,370,805	0	0	0	0	0	0	5,668,989	550,701,816	0				
18. Amount Incurred for Provision of Health Care Services	578,524,883	0	0	0	0	0	0	5,384,379	573,140,504	0				

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 6,439,586

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Great Lakes Health Plan, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
0399999 - Totals											

SCHEDULE S - PART 2

[illegible]

SCHEDULE S - PART 3 - SECTION 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Great Lakes Health Plan, Inc.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

[illegible]

SCHEDULE S - PART 5

Five Year Exhibit of Reinsurance Ceded Business (000 omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	1,479	1,316	1,202	940	1,106
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	0	1,618	0	0	0
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)	0	0	0	0	0
13. Letters of credit (L)	0	0	0	0	0
14. Trust agreements (T)	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	93,450,536		93,450,536
2. Accident and health premiums due and unpaid (Line 13)	0		0
3. Amounts recoverable from reinsurers (Line 14.1)	0		0
4. Net credit for ceded reinsurance	xxx	0	0
5. All other admitted assets (Balance)	17,849,986		17,849,986
6. Total assets (Line 26)	111,300,522	0	111,300,522
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	63,956,475		63,956,475
8. Accrued medical incentive pool and bonus payments (Line 2)	955,400		955,400
9. Premiums received in advance (Line 8)	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		0
11. Reinsurance in unauthorized companies (Line 18)	0		0
12. All other liabilities (Balance)	6,311,349		6,311,349
13. Total liabilities (Line 22)	71,223,224	0	71,223,224
14. Total capital and surplus (Line 31)	40,077,299	xxx	40,077,299
15. Total liabilities, capital and surplus (Line 32)	111,300,522	0	111,300,522
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	0		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	0		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	U.S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CN					
58.	Aggregate Other Alien	OT					
59.	Total						

NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	27-0015861	ACN Group of California, Inc.	(6,500,000)				258,642				(6,241,358)	
	41-4591944	ACN Group, Inc.					67,692,321				67,692,321	
82406	35-1665915	All Savers Insurance Company					(29,225)	(20,583)			(49,808)	(24,744)
73130	35-1744596	All Savers Life Insurance Company of California					(34,111)				(34,111)	
97179	86-0207231	American Medical Security Life Insurance Company	(50,000,000)				2,206,780	89,630			(47,703,590)	(14,421)
	54-1743141	AmeriChoice Health Services, Inc.					63,971,042				63,971,042	
13178	26-2481299	AmeriChoice of Connecticut, Inc.		14,300,000			(10,125,316)	(93,364)			4,081,320	
13168	26-2688274	AmeriChoice of Georgia, Inc.		100,000			(382)				99,618	
95497	22-3368602	AmeriChoice of New Jersey, Inc.					(96,174,858)				(96,174,858)	
95033	54-1495918	AmeriChoice of Pennsylvania, Inc.					(44,586,169)	(2,660,724)			(47,246,893)	19,791,548
	86-0813232	Arizona Physicians IPA, Inc.	(9,550,000)								(9,550,000)	
95440	35-1736982	Arnett HMO, Inc.	(8,500,000)				188,633				(8,311,367)	
	88-0267857	Behavioral Healthcare Options, Inc.					14,334,686				14,334,686	
	95-4188244	CII Financial, Inc.					(334,251)				(334,251)	
	52-1452809	Dental Benefit Providers of California, Inc.	(6,867,622)				(10,116,893)				(16,984,515)	
52053	36-4008355	Dental Benefit Providers of Illinois, Inc.					(706,152)				(706,152)	
	41-2014834	Dental Benefit Providers, Inc.					193,276,202				193,276,202	
		Duncan Printing Services, LLC	(12,910,752)								(12,910,752)	
	30-0226127	Evercare Hospice, Inc.					13,036				13,036	
13214	26-2697886	Evercare of New Mexico, Inc.		56,500,000			(10,512,235)				45,987,765	
11141	91-2008361	Evercare of Texas, L.L.C.					(87,226,869)				(87,226,869)	
	88-0223385	Family Health Care Services					28,582,570				28,582,570	
	88-0257036	Family Home Hospice, Inc.					711,023				711,023	
	37-0855360	Golden Rule Financial Corporation					4,422,060				4,422,060	
62286	37-6028756	Golden Rule Insurance Company	(238,000,000)				(120,490,833)	20,583			(358,470,250)	24,744
95467	38-3204052	Great Lakes Health Plan, Inc.	(7,284,000)				(65,747,099)	748,377			(72,282,722)	1,430,194
	98-0213198	H & W Indemnity, Ltd.					1,491,247				1,491,247	
43893	13-3584296	Health Net Insurance of New York, Inc.					1,923	(4,634,066)			(4,632,143)	9,308,355
95968	06-1084283	Health Net of Connecticut, Inc.					3,377				3,377	
95351	22-3241303	Health Net of New Jersey, Inc.					1,939				1,939	
95305	06-1174953	Health Net of New York, Inc.					(7,239)				(7,239)	
	98-0153069	Health Net Services (Bermuda) Ltd.						4,634,066			4,634,066	(9,308,355)
96342	88-0201035	Health Plan of Nevada, Inc.	(13,936,834)				(497,776,645)	(876,485)			(512,589,964)	
	95-4763349	HealthAllies, Inc.					1,290,603				1,290,603	
81450	38-2346432	IBA Health and Life Assurance Company	(9,500,000)				(363,100)				(9,863,100)	
	86-0477097	Information Network Corporation					730,950				730,950	
	41-1858498	Ingenix, Inc.					27,607,653				27,607,653	
		MAMSI Insurance Resources, LLC					9,188,797				9,188,797	
60321	52-1803283	MAMSI Life and Health Insurance Company	(150,000,000)				(16,903,168)				(166,903,168)	
96310	52-1169135	MD-Individual Practice Association, Inc.	(150,000,000)				(62,531,451)	(587,356)			(213,118,807)	

SCHEDULE Y
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	22-3341467	Medical Network, Inc.					449,657				449,657	
		Mid Atlantic Medical Services, LLC					44,926,795				44,926,795	
	39-1624025	Midwest Security Care, Inc.					266,701				266,701	
79480	35-1279304	Midwest Security Life Insurance Company	(9,000,000)				(2,916,404)				(11,916,404)	
	41-1485369	National Benefit Resources, Inc.					17,070,751				17,070,751	
95251	76-0196559	National Pacific Dental, Inc.	(2,500,000)				(2,436,538)				(4,936,538)	
95123	65-0996107	Neighborhood Health Partnership, Inc.	(13,000,000)				(59,605,826)				(72,605,826)	
95758	88-0228572	Nevada Pacific Dental, Inc.	(3,000,000)				(7,967,951)				(10,967,951)	
		OneNet PPO, LLC					230,733				230,733	
96940	52-1518174	Optimum Choice, Inc.	(200,000,000)				(50,082,072)	(458,358)			(250,540,430)	
	47-0858534	OptumHealth Bank, Inc.					(288,686)				(288,686)	
	41-1921983	OptumHealth, Inc.					17,510,433				17,510,433	
78026	22-2797560	Oxford Health Insurance, Inc.	(351,000,000)				(118,920,354)	(94,349,085)			(564,269,439)	353,338,804
96798	06-1181201	Oxford Health Plans (CT), Inc.	(20,000,000)				(6,518,439)	(159,002)			(26,677,441)	
95506	22-2745725	Oxford Health Plans (NJ), Inc.					(34,069,423)	(472,469)			(34,541,892)	106,418
95479	06-1181200	Oxford Health Plans (NY), Inc.	(449,000,000)				(97,174,427)				(546,174,427)	
		Oxford Heath Plans LLC					236,351,370				236,351,370	
	95-4166547	PacifiCare Behavioral Health of California, Inc.	(18,259,834)				(10,853,949)			(973,589)	(30,087,372)	
	33-0538634	PacifiCare Behavioral Health, Inc.					12,697,949			(405,469)	12,292,480	
11189	94-3284628	PacifiCare Dental of Colorado, Inc.					1,527,591			(18,027)	1,509,564	
	35-1508167	PacifiCare Health Plan Administrators, Inc.	92,607,000				501,626,632			(24,074,190)	570,159,442	
70785	35-1137395	PacifiCare Life and Health Insurance Company	(79,000,000)				(95,472,850)	(199,264)		130,451,763	(44,220,351)	14,421
84506	95-2829463	PacifiCare Life Assurance Company	(14,397,000)				(8,871,558)	132,862		(1,484,577)	(24,620,273)	(589,515)
95617	94-3267522	PacifiCare of Arizona, Inc.	(50,000,000)				(146,533,395)	(1,158,855)			(197,692,250)	
	95-2931460	PacifiCare of California	(193,463,890)				(274,851,115)			(52,293,975)	(520,608,980)	
95434	84-1011378	PacifiCare of Colorado, Inc.	(113,000,000)				(107,708,713)	(847,204)		(6,359,491)	(227,915,408)	
95685	86-0875231	PacifiCare of Nevada, Inc.	(9,716,377)				(11,509,845)	(132,862)		(562,183)	(21,921,267)	589,515
96903	33-0115166	PacifiCare of Oklahoma, Inc.	(29,000,000)				(45,212,362)			(2,492,786)	(76,705,148)	
95893	93-0938819	PacifiCare of Oregon, Inc.	(29,000,000)				(37,127,346)			(1,902,976)	(68,030,322)	
95174	33-0115163	PacifiCare of Texas, Inc.	(95,000,000)				(232,174,888)	(1,892,772)			(329,067,660)	
48038	91-1312551	PacifiCare of Washington, Inc.	(200,000,000)				(43,078,907)				(243,078,907)	
	94-3252033	PacificDental Benefits, Inc.					6,448,813				6,448,813	
	52-1162824	Physicians Heath Plan of Maryland, Inc.					1,348,531				1,348,531	
	33-0441200	RxSolutions, Inc.					53,474,818			(23,047,002)	30,427,816	
	98-0361580	Sheridan RE, Inc.		6,000,000							6,000,000	
71420	94-0734860	Sierra Health & Life Insurance Co., Inc.	(13,954,000)				(7,485,609)	284,492			(21,155,117)	
	88-0200415	Sierra Health Services, Inc.					106,952,146				106,952,146	
	88-0254322	Sierra Health-Care Options, Inc.					(136,753)				(136,753)	
	88-0385705	Sierra Home Medical Products, Inc.					30,044,383				30,044,383	
	88-0201420	Southwest Medical Associates, Inc.					322,719,232				322,719,232	
	52-1260282	Spectera, Inc.					82,861,362				82,861,362	

SCHEDULE Y
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	25-1825549	Three Rivers Holdings, Inc.					392,520				392,520	
	94-3077084	U.S. Behavioral Health Plan, California	(1,000,000)				(7,161,663)				(8,161,663)	
	39-1995276	UMR, Inc.					288,255				288,255	
91529	52-1996029	Unimerica Insurance Company					(24,744,855)				(24,744,855)	
11596	01-0637149	Unimerica Life Insurance Company of New York					(1,231,154)				(1,231,154)	
	25-1877716	Unison Administrative Services, LLC					143,640,278				143,640,278	
12012	55-0867089	Unison Family Health Plan of Pennsylvania, Inc.	(3,359,000)				(7,277,385)				(10,636,385)	
	20-5917714	Unison Health Plan of Delaware, Inc.					(7,439,978)	(717,302)			(8,157,280)	424,230
	20-3330714	Unison Health Plan of New Jersey, Inc.					(43,453)				(43,453)	
12323	56-2451429	Unison Health Plan of Ohio, Inc.					(35,822,519)	312,908			(35,509,611)	1,331,563
95220	25-1756858	Unison Health Plan of Pennsylvania, Inc.	(38,641,000)				(74,246,103)				(112,887,103)	
11775	32-0062883	Unison Health Plan of South Carolina, Inc.										
			(4,000,000)				(23,434,537)				(27,434,537)	
11139	62-1839257	Unison Health Plan of Tennessee, Inc.	(2,749,000)				(10,253,929)				(13,002,929)	
13032	26-0651931	Unison Health Plan of the Capital Area, Inc.		19,000,000			(797,937)				18,202,063	
	94-2649097	United Behavioral Health	(110,000,000)				361,122,175				251,122,175	
95833	72-1074008	United HealthCare of Louisiana, Inc.					(4,183,949)	(29,313)			(4,213,262)	
95716	63-1036817	United HealthCare of Mississippi, Inc.					69,678				69,678	
	41-1289245	United HealthCare Services, Inc.	(829,409,052)	(55,200,000)			5,227,753,499				4,343,144,447	
	41-1321939	UnitedHealth Group Incorporated	5,325,906,037	(33,400,000)			1,740,322,860				7,032,828,897	
79413	36-2739571	UnitedHealthcare Insurance Company	(1,275,183,775)	(33,692,093)			(5,205,584,247)	152,702,528		(16,837,497)	(6,378,595,084)	(677,110,254)
60318	36-3800349	UnitedHealthcare Insurance Company of Illinois	(43,000,000)				(35,497,318)				(78,497,318)	
60093	11-3283886	UnitedHealthcare Insurance Company of New York		(22,807,907)			(277,406,781)	(37,634,861)			(337,849,549)	281,175,871
73518	31-1169935	UnitedHealthcare Insurance Company of Ohio					(43,120,707)				(76,120,707)	
			(33,000,000)									
12231	20-1902768	UnitedHealthcare Insurance Company of the River Valley	(5,831,000)				(7,883,386)				(13,714,386)	
95784	63-0899562	UnitedHealthcare of Alabama, Inc.	(27,000,000)				(48,879,535)	(387,569)			(76,267,104)	
96016	86-0507074	UnitedHealthcare of Arizona, Inc.	0				(17,556,521)	(127,071)			(17,683,592)	
95446	63-1036819	UnitedHealthcare of Arkansas, Inc.					(2,924,141)	(18,158)			(2,942,299)	
95090	84-1004639	UnitedHealthcare of Colorado, Inc.	(11,000,000)				(550,998)	(2,639)			(11,553,637)	
95264	59-1293865	UnitedHealthcare of Florida, Inc.					(190,187,341)	(1,300,901)			(191,488,242)	
95850	58-1653544	UnitedHealthcare of Georgia, Inc.		3,500,000			(20,349,637)	(157,852)			(17,007,489)	
95776	36-3280214	UnitedHealthcare of Illinois, Inc.		15,200,000			(10,159,286)	(80,605)			4,960,109	
96644	62-1240316	UnitedHealthcare of Kentucky, Ltd.					(5,266,963)	(49,002)			(5,315,965)	
95149	05-0413469	UnitedHealthcare of New England, Inc.	(12,705,000)				(58,011,929)	(6,586,324)			(77,303,253)	10,568,816
95085	06-1172891	UnitedHealthcare of New York, Inc.	(96,000,000)				(122,619,912)				(218,619,912)	
95103	56-1461010	UnitedHealthcare of North Carolina, Inc.	(92,679,492)				(116,677,301)	(1,819,878)			(211,176,671)	
95186	31-1142815	UnitedHealthcare of Ohio, Inc.	(35,000,000)	8,000,000			(102,349,481)	(749,547)			(130,099,028)	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
11147	63-1036814	UnitedHealthcare of Tennessee, Inc.					(4,364,996)				(4,364,996)	
95765	95-3939697	UnitedHealthcare of Texas, Inc.					(2,531,019)	(32,437)			(2,563,456)	
95025	52-1130183	UnitedHealthcare of the Mid-Atlantic, Inc.										
				22,500,000			(96,938,428)	(678,355)			(75,116,783)	
95591	47-0676824	UnitedHealthcare of the Midlands, Inc.					(20,116,712)	(569,728)			(20,686,440)	
96385	43-1361841	UnitedHealthcare of the Midwest, Inc.	(52,000,000)				(94,608,911)	2,165,455			(144,443,456)	7,978,744
95501	41-1488563	UnitedHealthcare of Utah, Inc.	(20,000,000)				(19,408,267)	(120,082)			(39,528,349)	
95710	39-1555888	UnitedHealthcare of Wisconsin, Inc.	(60,000,000)				(140,236,099)	846,218			(199,389,881)	964,066
95378	36-3379945	UnitedHealthcare Plan of the River Valley, Inc.	(35,000,000)				(264,728,424)	(2,333,047)			(302,061,471)	
	47-0854646	UnitedHealthcare Service LLC	(75,615,409)				6,208				(75,609,201)	
	36-3355110	UnitedHealthcare Services Company of the River Valley, Inc.					203,182,352				203,182,352	
9999999 Control Totals			0	0	0	0	(2)	(1)	XXX	1	(2)	0

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Great Lakes Health Plan, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
12.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	SEE EXPLANATION
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	SEE EXPLANATION
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	SEE EXPLANATION
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	SEE EXPLANATION
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES
APRIL FILING		
17.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
18.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	SEE EXPLANATION
19.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	SEE EXPLANATION
Explanations:		
10.	N/A	
11.	N/A	
12.	N/A	
13.	N/A	
14.	N/A	
15.	N/A	
17.	N/A	
18.	N/A	
19.	N/A	

Bar Codes:



SUPPLEMENT FOR THE YEAR 2009 OF THE Great Lakes Health Plan, Inc.

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code		0707		(To Be Filed by March 1)		NAIC Company Code		95467	
		Individual Coverage		Group Coverage		5			
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash			
1. Premiums Collected									
1.1 Standard Coverage									
1.11 With Reinsurance Coverage			XXX		XXX				0
1.12 Without Reinsurance Coverage			XXX		XXX				0
1.13 Risk-Corridor Payment Adjustments			XXX		XXX				0
1.2 Supplemental Benefits			XXX		XXX				0
2. Premiums Due and Uncollected-change									
2.1 Standard Coverage									
2.11 With Reinsurance Coverage			XXX		XXX			XXX	
2.12 Without Reinsurance Coverage			XXX		XXX			XXX	
2.2 Supplemental Benefits			XXX		XXX			XXX	
3. Unearned Premium and Advance Premium-change									
3.1 Standard Coverage									
3.11 With Reinsurance Coverage			XXX		XXX			XXX	
3.12 Without Reinsurance Coverage			XXX		XXX			XXX	
3.2 Supplemental Benefits			XXX		XXX			XXX	
4. Risk-Corridor Payment Adjustments-change									
4.1 Receivable			XXX		XXX			XXX	
4.2 Payable			XXX		XXX			XXX	
5. Earned Premiums									
5.1 Standard Coverage									
5.11 With Reinsurance Coverage		0	XXX	0	XXX			XXX	
5.12 Without Reinsurance Coverage		0	XXX	0	XXX			XXX	
5.13 Risk-Corridor Payment Adjustments		0	XXX	0	XXX			XXX	
5.2 Supplemental Benefits		0	XXX	0	XXX			XXX	
6. Total Premiums		0	XXX	0	XXX				0
7. Claims Paid									
7.1 Standard Coverage									
7.11 With Reinsurance Coverage			XXX		XXX				0
7.12 Without Reinsurance Coverage			XXX		XXX				0
7.2 Supplemental Benefits			XXX		XXX				0
8. Claim Reserves and Liabilities-change									
8.1 Standard Coverage									
8.11 With Reinsurance Coverage			XXX		XXX			XXX	
8.12 Without Reinsurance Coverage			XXX		XXX			XXX	
8.2 Supplemental Benefits			XXX		XXX			XXX	
9. Health Care Receivables-change									
9.1 Standard Coverage									
9.11 With Reinsurance Coverage			XXX		XXX			XXX	
9.12 Without Reinsurance Coverage			XXX		XXX			XXX	
9.2 Supplemental Benefits			XXX		XXX			XXX	
10. Claims Incurred									
10.1 Standard Coverage									
10.11 With Reinsurance Coverage		0	XXX	0	XXX			XXX	
10.12 Without Reinsurance Coverage		0	XXX	0	XXX			XXX	
10.2 Supplemental Benefits		0	XXX	0	XXX			XXX	
11. Total Claims		0	XXX	0	XXX				0
12. Reinsurance Coverage and Low Income Cost Sharing									
12.1 Claims Paid - Net of Reimbursements Applied		XXX		XXX					0
12.2 Reimbursements Received but Not Applied-change		XXX		XXX					0
12.3 Reimbursements Receivable-change		XXX		XXX				XXX	
12.4 Health Care Receivables-change		XXX		XXX				XXX	
13. Aggregate Policy Reserves-change								XXX	
14. Expenses Paid			XXX		XXX				0
15. Expenses Incurred			XXX		XXX			XXX	
16. Underwriting Gain/Loss		0	XXX	0	XXX			XXX	
17. Cash Flow Results		XXX	XXX	XXX	XXX				0

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business 7

Assets 2

Cash Flow 6

Exhibit 1 - Enrollment By Product Type for Health Business Only 17

Exhibit 2 - Accident and Health Premiums Due and Unpaid 18

Exhibit 3 - Health Care Receivables 19

Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus 20

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates 21

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates 22

Exhibit 7 - Part 1 - Summary of Transactions With Providers 23

Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries 23

Exhibit 8 - Furniture, Equipment and Supplies Owned 24

Exhibit of Capital Gains (Losses) 15

Exhibit of Net Investment Income 15

Exhibit of Nonadmitted Assets 16

Exhibit of Premiums, Enrollment and Utilization (State Page) 29

Five-Year Historical Data 28

General Interrogatories 26

Jurat Page 1

Liabilities, Capital and Surplus 3

Notes To Financial Statements 25

Overflow Page For Write-ins 41

Schedule A - Part 1 E01

Schedule A - Part 2 E02

Schedule A - Part 3 E03

Schedule A - Verification Between Years SI02

Schedule B - Part 1 E04

Schedule B - Part 2 E05

Schedule B - Part 3 E06

Schedule B - Verification Between Years SI02

Schedule BA - Part 1 E07

Schedule BA - Part 2 E08

Schedule BA - Part 3 E09

Schedule BA - Verification Between Years SI03

Schedule D - Part 1 E10

Schedule D - Part 1A - Section 1 SI05

Schedule D - Part 1A - Section 2 SI08

Schedule D - Part 2 - Section 1 E11

Schedule D - Part 2 - Section 2 E12

Schedule D - Part 3 E13

Schedule D - Part 4 E14

Schedule D - Part 5 E15

Schedule D - Part 6 - Section 1 E16

Schedule D - Part 6 - Section 2 E16

Schedule D - Summary By Country SI04

Schedule D - Verification Between Years SI03

Schedule DA - Part 1 E17

Schedule DA - Verification Between Years SI11

Schedule DB - Part A - Section 1 E18

Schedule DB - Part A - Section 2 E18

Schedule DB - Part A - Section 3 E19

Schedule DB - Part A - Verification Between Years SI12

Schedule DB - Part B - Section 1 E19

Schedule DB - Part B - Section 2 E20

Schedule DB - Part B - Section 3 E20

Schedule DB - Part B - Verification Between Years SI12

Schedule DB - Part C - Section 1 E21

Schedule DB - Part C - Section 2 E21

Schedule DB - Part C - Section 3 E22

Schedule DB - Part C - Verification Between Years SI13

Schedule DB - Part D - Section 1 E22

Schedule DB - Part D - Section 2 E23

Schedule DB - Part D - Section 3 E23

Schedule DB - Part D - Verification Between Years SI13

Schedule DB - Part E - Section 1 E24

Schedule DB - Part E - Verification SI13

Schedule DB - Part F - Section 1 SI14

Schedule DB - Part F - Section 2 SI15

ANNUAL STATEMENT BLANK (Continued)

Schedule E - Part 1 - Cash	E25
Schedule E - Part 2 - Cash Equivalents	E26
Schedule E - Part 3 - Special Deposits	E27
Schedule E - Verification Between Years	SI16
Schedule S - Part 1 - Section 2	30
Schedule S - Part 2	31
Schedule S - Part 3 - Section 2	32
Schedule S - Part 4	33
Schedule S - Part 5	34
Schedule S - Part 6	35
Schedule T - Part 2 - Interstate Compact	37
Schedule T - Premiums and Other Considerations	36
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	39
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	40
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14